रेखा परिभाषित की गई, इस व्यय के अनुरूप ग्रामीण क्षेत्रों में प्रतिव्यक्ति प्रति दिन 2400 कैलोरी और शहरी क्षेत्रों में 2100 कैलोरी की आवश्यकता थी।

(ग) विकास आयोजन का महत्वपूर्ण उद्देश्य गरीबी का उन्मूलन रहा है । हाल ही के वर्षों में गरीबी उन्मूलन कार्यक्रमों पर निवेश में महत्वपूर्ण वृद्धि हुई है जैसे कि एकीकृत ग्रामीण विकास कार्यक्रम, राष्ट्रीय ग्रामीण रोजगार कार्यक्रम और ग्रामीण भूमिहीन रोजगार गारंटी कार्यक्रम । अनुसूचित जातियों और अनुसूचित जनजातियों के साथ-साथ पर्वतीय और पिछड़े क्षेत्रों के लिये विशेष कार्यक्रम भी कार्यान्वित किए जा रहे हैं ।

(घ) चालू वित्तीय वर्ष के लिए गरीबी की रेखा से नीचे रहने वाले लोगों के आकलन उपलब्ध नहीं हैं । वर्ष 1987-88 के लिए गरीबी की रेखा से नीचे रहने वाले लोगों के आकलन तभी उपलब्ध कराए जा सकेंगे जब उपभोग व्यय से संबंधित राष्ट्रीय नमूना सर्वेक्षण को 43वें चक्र के परिणाम प्राप्त हो जाएं ।

Malaria Research Centre at Nadiad Gujarat

1584. SHRI LAL K. ADVANI; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether at Nadiad (Gujarat) the Pij Education Society, through public donations of about Rs. 4.50 lakhs purchased about 40 acres of land for a Malaria Research Centre and handed it over to the Indian Councill of Medical Research at a public function;

(b) whether it is a fact that though the local Malaria Research Centre had p'resented the related budget to the I.C.M.R. but the same has not yet been approved and even after 18 months work has not started on the land; if s°, what are the details in this regard and steps taken to expedite the mater; and

(c) whether some M.Ps, have written to him about the widespread public resentment over the land having been deprived of agricultural produce for the last 18 months without being put to alternate use; if go, tha response thereto?

THE MINISTER QF STATE IN\ THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SA-ROJ KHAPARDE): (a) No. The Pij Education Society, Nadiad, has not handed over 40 acres of land to ICMR Malaria Research Centre.

(b) No, the local Malaria Research Centre had not presented the related budget to the Malaria Research Centre, as the establishment of Malaria Research Centre at Nadiad has not been decided. The Council has not proposed any budget allocation either in the 7th P'an or 8!h Plan the Gujarat Government has also not made any request for establishment of a Malaria Research Centre.

(c) Since the land has not been handed over to the ICMR, the question of its use does not arise.

Human Imiruno Deficiency Virus

1585. SHRIMATI RENUKA CHOWDHURY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government's attention has been drawn to the news item which appeared in the Patriot dated the 23rd October, 1988 wherein it has heen stated that nearly every minute, somewhere on earth . some-one become infected with Human Immuno Deficiency Virus which can cause the deadly disease AIDS;

(b) if so, whether Government propose to set up any laboratory to keep a check on such disease in the country;
and

(c) if not, the reasons thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Government has seen the news item which appeared in the Patriot dated 23-10-1988.

(b) A net-work of 4 reference and 40 surveillance centres where facilities fop testing for HIV antibodies are available, have been established. These centres undertake tests for detection of HIV infection.

Facilities and expertise for providing follow up case, counselling for seropositive individuals are being built up in the country.

Physicians have been trained in the management of AIDS patients.

In addition, the following stops have been taken by Government to prevent AIDS in the country:—

1. Restrictions have been imposed on import of blood and blood products without AIDS clearance certificate.

2. All the State Health Authori-ties/Hospitals STD clinics have been alerted to be vigilant.

3. All the blood banks have been instructed to screen the professional blood donors.

4. All the State Health Authorities have been advihed to ensure .strict sterilisation practices in hospitals and clinics and to use Pre- sterilised disposable syringes and needless as far as possible.

5. Guidelines have been sent to all the State Health Authorities for Health care personnel.

6. All the mass media channels have been involved in educating the people on AIDS, its nature, transmission and prevention.

7. *Foreigners*

1. New foreign students being admitted in any of the Indian Institutions are required to undergo AIDS test. Anybody found positive is repatriated to his country.

2. It has been decided to screen for AIDS the foreigners intending to stay for more than one year in India. Members of the diplomatic missions and foreign journalists ac credited to the PIB are exempted from the test at this stage. Any body found positive is to be repat riated to his country.

(c) Does not arise.

Death of people due to water borne diseases

1596. SHRI GURUDAS DAS GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 15 lakhs people die every year in India due to water borne diseases and if so, the b'reak-up of the same state-wise;

(b) what is the total number of villages where potable water is still not available; and

(c) whether Government would ensure drinking water availability for all the population by the year 2000 A.D.?

THE MINISTER 0F STATE IN « THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Among water borne diseases, only cholera is notifiable, so there is no estimate of neo-ple dying every year due to water borne diseases in the country. However, Central Bureau of Health Intel- . ligence compiles data on Cholera/ Gastroentritis/Enteric fever (Typhoid), Viral Hepatitis and Polio-myelitis on the basis of information received from the State Health Authorities from the medical institutions only. The statements I, II, III, IV & V show cases and deaths during 1987 and 1988 due to cholera, Gastro-entritis, En-ter'c fever (Typhoid) Viral Hepatitis and Poliomyelitis. [See Appendix CXLVIIT, Annexure No. 71].

(b) and (c) As per reports received so far, 84,700 problem villages fully and 50129 problem village partially